

**FILED**NOV 19 2007 *aw*  
11-19-07MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITKevin Deunta Doss  
PlaintiffThe County of Will,  
County of Cook,  
The State of Illinois, et al.  
Defendant(s)07CV6538  
JUDGE NORGL  
MAGISTRATE JUDGE BROWN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Kevin Deunta Doss, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # 06-3125 Name of prison or jail Will County Adult Detention Facility  
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
- a. If the answer is "No":  
Date of last employment: February 2006  
Monthly salary or wages: \$10.00 Hour  
Name and address of last employer: First State Temporary Service  
Joliet, Illinois 60435
- b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
- a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 9-28-07

Kerwin D. Doss  
Signature of Applicant

Kerwin D. Doss  
(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, Kerwin Doss I.D.# 2006-365, has the sum of \$ 12.33 on account to his/her credit at (name of institution) Will Co. Adult Detention Fac.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ 22.83

(Add all deposits from all sources and then divide by number of months).

10-2-2007  
DATE

Manfred Niemann  
SIGNATURE OF AUTHORIZED OFFICER

Manfred Niemann  
(Print name)

Inmate Records Supervisor

Will County Adult Detention Facility  
25 South Chicago St.  
Joliet, IL 60436

CMIS - Trust Menu

Trust Menu Main Menu Exit Help

CMIS Number: 2006 0003125

Name: [REDACTED]

Trans #	Amount	Document	Type	Date	Cleared	Uncleared
54	\$37.87	34324	COMM	09/28/2007	\$12.33	\$0.00
53	\$50.00	115558	CASH	09/24/2007	\$50.00	\$0.00
52	\$0.03	35868	COMM	07/13/2007	\$0.00	\$0.00
51	\$13.79	35825	COMM	07/06/2007	\$0.03	\$0.00
50	\$3.98	35771	COMM	06/28/2007	\$13.82	\$0.00
49	\$7.20	35730	COMM	06/21/2007	\$17.80	\$0.00
48	\$25.00	105507	CASH	06/18/2007	\$25.00	\$0.00
47	\$0.01	35689	COMM	06/15/2007	\$0.00	\$0.00
46	\$0.57	35608	COMM	06/01/2007	\$0.01	\$0.00
45	\$23.30	35565	COMM	05/25/2007	\$0.58	\$0.00
44	\$6.12	35520	COMM	05/17/2007	\$23.88	\$0.00
43	\$32.00	104141	CASH	05/14/2007	\$32.00	\$0.00

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CMIS Number: 2006 0004125

Name: [REDACTED]

Trans #	Amount	Document	Type	Date	Cleared	Uncleared
42	\$0.01	35490	COMM	05/11/2007	\$0.00	\$0.00
41	\$1.39	35443	COMM	05/04/2007	\$0.01	\$0.00
40	\$3.85	35399	COMM	04/27/2007	\$1.40	\$0.00
39	\$24.75	35354	COMM	04/20/2007	\$5.25	\$0.00
38	\$30.00	105447	CASH	04/17/2007	\$30.00	\$0.00
37	\$3.15	35295	COMM	04/06/2007	\$0.00	\$0.00
36	\$28.85	35219	COMM	03/23/2007	\$3.15	\$0.00
35	\$32.00	103198	CASH	03/22/2007	\$32.00	\$0.00
34	\$0.40	35169	COMM	03/16/2007	\$0.00	\$0.00
33	\$29.60	35075	COMM	03/02/2007	\$0.40	\$0.00
32	\$30.00	85150	CASH	02/26/2007	\$30.00	\$0.00
31	\$0.10	35001	COMM	02/18/2007	\$0.00	\$0.00

Find Another Invoice

Taskbar: <LEADS 2000 Re... Session A - [24 x 80] Inbox - Microsoft Outlook WCSNET - Sheriff's Inter... CMIS - Trust Menu CMIS - Trust - Unpaid...

System Clock: 11:59 AM